DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: SYLVAN CROSSINGS AT HUNTER RIDGE (111056)

Address: 626 MONROE ST, BEAVER DAM, WI 53916

License Status: REGULAR

Licensed/Certified/Registered 05/07/1999

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey	History

Survey ID: 0094689 End Date: 04/26/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0092288 End Date: 03/22/2004 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007966 Served 04/01/2004

Deficiencies Cited Subject Area Compliance

Verified Compliance

Deficiencies CitedSubject AreaVerifiedCorrected83.19(3)(c)INVESTIGATE ALLEGATION04/26/2005Yes

Survey ID: 0090777 End Date: 08/11/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/31/2004 SOD #10007966 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT PROVIDE TRAINING FORFEITURE---83.19(3)(c)

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Complaint History

Date Complaint Received: 11/11/2003 Date Investigation Completed: 03/29/2004

Subject Area(s) Result SOD #

RESIDENT RIGHTS SUBSTANTIATED NOT RECORDED

ABUSE SUBSTANTIATED 10007966

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